Parkland Regional Health Authority
Annual Report
2009/2010

Individuals, families and communities achieving the best possible health and wellness.

OFFICE RÉGIONAL DE LA SANTÉ DES PARCS
PARKLAND
REGIONAL HEALTH AUTHORITY

Table of Contents

Letter of Transmittal and Accountability	3
Message from the CEO	4, 5, 6
Board Governance	7, 8
Advisory Councils	9
Organizational Structure	10
Our Region	11, 12
Strategic Direction: Healthy Living	13 - 18
Strategic Direction: Aboriginal Health	19
Strategic Direction: Seniors Health	20, 21
Strategic Direction: Integrated, Sustainable Health System	22 - 24
Strategic Direction: System Performance Improvement	25 - 26
Strategic Direction: Human Resources	27 - 29
Capital Asset Management	30
Integrated Risk Management	31
Accreditation 2010	32
The Public Interest Disclosure Act	33
French Language Services	33
Financial Information	34 - 38
Administrative Cost Reporting	39

* Main cover photo: Blaine Kraushaar
**Additional cover photos: Melonie Ironstand

Letter of Transmittal & Accountability

Hon. Theresa Oswald
Minister of Health
Province of Manitoba

Madame Minister:

We have the honour of presenting the 2009/2010 Annual Report for the Parkland Regional Health Authority, for the fiscal year ended March 31, 2010.

This annual report was prepared and approved under the Board's direction, in accordance with the Regional Health Authorities Act, and directions provided by the Minister of Health. All material, economic and fiscal implications known as of August 30, 2010 have been considered in preparing the annual report.

The Board has worked diligently during the past fiscal year to address issues and concerns surrounding health and health care delivery in the Region. It is with a sense of pride and accomplishment that we look back on the year knowing there is still much work that lies ahead.

In keeping with the Board Vision, "Individuals, families, and communities achieving the best possible health and wellness", we continue our focus on partnerships, visibility, linkage and communication within our Region. We also continue our regular practice of meeting with municipal representatives, school divisions and affiliated facility boards.

One highlight of the year was the Board's revitalization of its Health Advisory Councils. The Board implemented revised terms of reference and a dedicated annual work cycle for the two new councils (see more on Page 9).

I thank outgoing Board members Paul Freed of Swan River and Doreen Stammen of Benyk's Point, for their valuable contributions to the RHA during their terms. The Board will miss their professionalism and dedication to health care in the Parkland Region.

I welcome our new additions to the Board for 2010/2011 which include Alex Grimaldi of Dauphin and Anne Lacquette of Mallard.

I want to thank the Board, management, and staff for their support and continued dedication. I thank our volunteers throughout the Region, including members of all our Health Advisory Councils.

We continue to work with the CEO, staff, physicians, community partners / stakeholders, and our advisory councils as we move forward to further enhance the quality of our health services and programs in the Region.

Respectfully submitted on behalf of Parkland Regional Health Authority Board,

Mary Hudyma
PRHA Board Chair
2009/2010

Retiring Board Members

Two members of the PRHA Board had their terms expire in 2009/2010. Board Chair Mary Hudyma, middle, presented a gift as a thanks to Doreen Stammen, left, and Paul Freed, right.

Kevin McKnight
Chief Executive Officer

Grandview H1N1 Flu Shot

Message
from the CEO

Message from the CEO

The Parkland Regional Health Authority (PRHA) had an extremely eventful year, with numerous milestones, several highlights and, as is always the case in health care, an ebb and flow between successes, challenges and opportunities for improvement. The Region's second ever Chief Executive Officer, Allan Bradley, resigned his position effective August 2009. Mr. Bradley had been the Region's CEO since April 2007. I was appointed, by the PRHA Board of Directors, as the CEO of the PRHA in August 2009 and am grateful for the opportunity as well as the guidance provided to me by Mr. Bradley during his tenure.

Pandemic H1N1

The fiscal year 2009-2010 will go down in history as a very challenging year for the health care sector. The H1N1 Flu gripped the world and health care pandemic and public health emergency planning kicked into overdrive. Fortunately for Parkland residents, we are blessed with very dedicated, committed, and talented staff, managers and physicians whom, together, played pivotal roles in allowing us to navigate through patient, client and resident scenarios that we have never before encountered as a health region. Almost immediately, we clarified and ratified the Region's Incident Command Structure. Manitoba Health and Regional Health Authorities adopted the evidence-based structure for ongoing planning and response to health emergencies such as Pandemic Flu. The structure allows the PRHA to differ from regular operations and reporting structures to pool together necessary human and fiscal resources in order to effectively manage an emergency, disaster or ongoing urgent health matter.

We quickly ramped up communications with stakeholders and partners and held a region-wide information session in mid-October with community leaders. We created a First Nations Liaison position to work with a significant segment of our region's population that was being hit hard by the novel H1N1 virus.

Our public health resources in administering our vaccination clinics were most taxed during H1N1. Our workforce showed our ability to respond to this crisis.

Pandemic Community Meeting

Human Resource challenges and opportunities

Despite our short-term success in recruiting nurses through the Philippine recruitment initiative we continued to face extremely difficult situations in both nurse and physician resources in our Region. At times, difficult program and service decisions needed to be made especially this past year within the Swan Valley Health Centre. A number of temporary suspensions of service in surgical and maternity services occurred throughout the year, decisions that needed to be made in the best interests of patient/client safety.

Fiscal Challenges

After finishing the previous fiscal year with a small surplus, the Region faced budgetary challenges on all sides in 2009/2010. Tremendous pressure was placed on the Region's hospitals throughout the year. Increased patient days, overtime and agency nursing costs, increased overtime costs in lab and imaging services, and increased expenses within the Region's personal care homes, were some of the contributing factors to the Region recording a $4.9-million deficit during the year. Strategies are being worked into subsequent health plans to address this fiscal crisis as we continue to provide quality care.

Health Planning

The Region's third Community Health Assessment (CHA) was completed during 2009/2010. The comprehensive report assists with the coordination, delivery and planning of health programs and services in Parkland. It allows the Region to review, with its residents, health data for a variety of purposes including the development of the Region's Strategic Health Plan. As part of the CHA process, several community consultations and focus groups were held to gather local information and perspectives.

Extensive work on the Region's next five-year Strategic Plan (2011-2016) also took place throughout the year. Besides the PRHA Board, several stakeholders have already been involved in preliminary development of the Plan, including the Regional Medical Advisory Council, the Region's two Health Advisory Councils, and RHA Senior Leadership. Municipal/Community and First Nations Councils will also all have future opportunities for feedback in the coming year. The Strategic Plan will be submitted to Manitoba Health in December 2010.

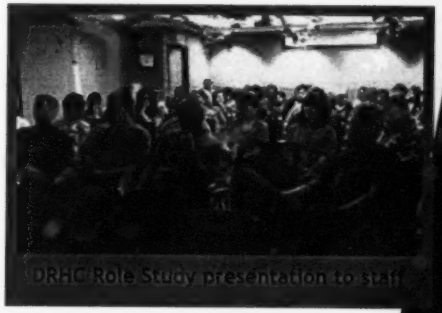
Regional Integration

One of the major highlights of the year included the completion of a comprehensive Role Study of the Dauphin Regional Health Centre. An independent consulting team identified five major strategies to achieve safer, more accessible and higher quality services for Parkland residents.

They included:

- Establishing a clear care and service model;
- Achieving regional integration of health services;
- Improving patient flow;
- Engaging physicians and staff in decision-making; and
- Improving Dauphin Regional Health Centre building space and layout.

The PRHA, in consultation with Manitoba Health, continue to develop plans associated with the recommendations for improvement.



DRHC Role Study presentation to staff

Other Highlights

Here are some additional highlights that occurred throughout 2009/2010.

• The McCreary/Alonsa Health Centre Board devolved operations. A series of meetings was held with the former Board and staff of the McCreary/ Alonsa Health Centre to discuss details of the affiliate transfer. Work with community members will continue as we look at what health services and programs are required and are feasible to best serve the area.

• Telehealth Services in the Region expanded once again (Grandview and McCreary became the fifth and sixth sites respectively).

• The Province's Minister of Health, the Hon. Theresa Oswald, announced additional physician supports in Manitoba and visited our highly successful Family Practice Residency Unit (based out of Dauphin and Ste. Rose).

• New preventative and educational programs proceeded (InSight Mentoring Program and Teen and Young Adult Clinic.

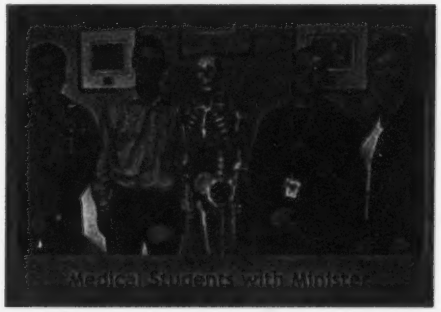
• The PRHA moved forward with plans to enhance 'in-house' trade services. The Regional Trades Program was introduced in January 2010 to provide a more coordinated and efficient approach to the provision of preventative maintenance.

• The PRHA introduced its Aboriginal Human Resources Initiative. The goal is to develop stronger partnerships with Aboriginal leaders, community members, educational institutions, training facilities and others to better meet the health workforce needs of a significant portion of our population.

• Major upgrades in our Information Technology sector were completed during the year. Project Teams were established to roll-out upgraded system enhancements. These include major initiatives such as Payroll Scheduling, Email Server, Materiels Management, Data Warehousing, Swan River Admission Discharge Transfer (ADT), and Digital Archiving and Network Infrastructure upgrades. As, well, the PRHA overhauled its public website and introduced a new staff "intranet" site during the last year.

In closing, I thank the Board of Directors for their support in my first seven months as CEO as well as our Health Advisory Councils for their valued contributions and feedback. I also express sincere appreciation to all of our hardworking and dedicated staff, managers, physicians and medical staff, as well as our numerous wonderful volunteers for their commitment to our Vision of: Individuals, families and communities achieving the best possible health and wellness.

Respectfully submitted,
Kevin McKnight
Chief Executive Officer



Board Role

The PRHA operates under the direction of a 14-member Board, which is responsible to the Minister of Health. The Board's role is to ensure the organization's accountability by monitoring and evaluating its performance and by interacting and communicating with the public, stakeholders and partners. Although Board members reside in various communities throughout the Parkland they represent the entire Region at the Board table.

Vision

"Individuals, families and communities achieving the best possible health and wellness."

Board Mission

In Pursuit of its Vision, the Authority exists so that there will be:

- Optimal Quality of Life
- Healthy Lifestyles
- Healthy Environments
- Treatment of the ill and injured

Board Governance

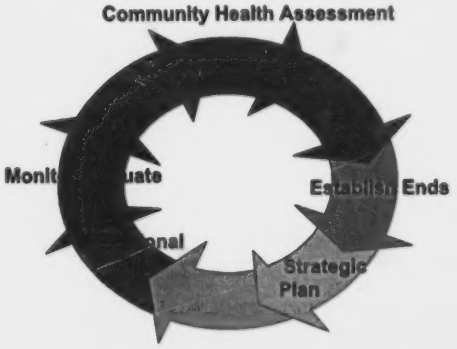
The Board has set four Ends that it reviews and monitors on a regular basis. (Ends are the measurable goals, impacts and outcomes the Board wants to achieve).

The Board concentrates on areas where data indicates our Region needs improvement. Specific to the Ends policies, the Board receives monitoring reports on the status of progress towards these Ends. These monitoring reports provide an overview of results relative to each End.

On its part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

The Board is responsible for establishing the Regional Strategic Priorities (Strategic Plan). Although the Strategic priorities remain constant over a five-year period, the indicators, performance measures, and major initiatives are monitored and revised annually by the Board.

Health Planning Process



Board Activities

The PRHA Board continues to be guided by its five-year strategic plan (2006-2011) and the priorities listed within. However, during the past year, work has commenced on developing the next high level Strategic Plan for the organization (2011-2016). The next five-year plan will be completed by the end of 2010. In 2009/2010, presentations and discussions occurred at the Board level on the following topics:

- 2010/2011 Health Plan
- Financial condition/ asset protection
- Governance evaluation
- Patient safety reports
- Client satisfaction
- Access to services
- Ethics and research
- Partnerships
- Volunteer and Staff Treatment
- Treatment of clients
- CEO Job description/ job evaluation
- Human Resources Plan
- Information management
- Communication/ support to the Board

Board Education and Evaluation

The Board completes self-evaluation on every one of its regular meetings. It also undergoes an extensive self-evaluation annually at a Board Planning session. Education sessions are also regularly scheduled during regular meetings by the Board's Program and Planning Committee. New and existing Board members also participate annually in an extensive Board orientation session and are also invited to attend a provincial orientation workshop. As part of regular meetings, the Board monitors its Ends, Governance Process, and reviews Executive Limitations with the CEO.

Board Committees

The Board has four standing committees to assist it in carrying out its legislative responsibilities. They are:

Executive Committee
Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies or to act against them.

Finance and Audit Committee
Reviews options and implications for the Board's consideration regarding finance, audit, and capital planning issues. The Committee also reviews the appropriateness of the Board's own spending, in areas such as expense reimbursement, Board development and other Board expense accounts.

Program and Planning Committee
Helps identify a list of ongoing educational needs of the Board and provides written alternatives and implications for the Board's consideration regarding how to meet those educational and developmental needs. The Committee also reviews policy alternatives and implications for the Board.

Community Relations Committee
Reviews and makes recommendations to the Board in relation to the Board's communications with its stakeholders. The Committee also advises the Board on policies and procedures relating to Board interaction with Advisory Councils, municipal and provincial politicians and the general public.

Board Transparency

Regular Board meetings are held during the last Monday of every month (except July and December) and are rotated around the Region. In 2009/2010 regular meetings were held in the communities of Grandview, Pine River, Dauphin, Meadow Portage, Minitonas, Laurier, Swan River and Gilbert Plains.

Board meetings are open to the public and extensively advertised through local news-papers, and personal invitation letters to stakeholders. All Board minutes are distributed to municipal and community councils and are posted on-line (www.prha.mb.ca).

The Board's Annual General Meeting is extensively advertised through local news-papers, personal invitations, and posters.

Stakeholder/ Health Partner Consultation

The PRHA Board continued its focus on partnerships, visibility, linkage and communication within our Region. The regular practice of rotating meetings throughout the year continued; this provides the board with excellent face to face discussions with municipal representatives, school divisions, affiliated facility boards, and numerous stakeholders and health partners. The Board also has Liaisons that sit on its Advisory Councils. Advisory Councils typically meet quarterly. An extensive workshop for Board members and Advisory Council representatives is also held once a year.

Advisory Councils

In 2009/2010, the Region made some changes to its Advisory Council structure. New terms of reference were developed to shift focus on the work advisory councils undertook, enhance the membership structure of the Councils and create some tangible outcomes from regular Council meetings.

During the past year, the previous Western and Eastern District Health Advisory Councils, along with the Regional Mental Health Advisory Council, were wound down as the new process took shape. Council members were encouraged to re-apply to sit on the membership of the two new councils which were developed.

They are:

Regional Health Advisory Council (RHAC)

One Council, consisting of stakeholders from various health partners and partner agencies, was formed to review specific topics or projects with a "region-wide" focus. Following a workshop in October 2009, staff, Board, and Advisory Councils are as follows at right.

Regional Mental Health Advisory Council (RMHAC)

One Council, consisting of individuals, stakeholders, and health partners with an interest in Mental Health, was formed to review specific topics or projects with a "mental health lens". Members are as follows at right.

Front (L to R):
Deb Church (Swan River), Garry Meadows (Dauphin), Bob Curle, Chairperson, (Dauphin), Wes Rumak, (Dauphin), Bob Bettson, (Dauphin).

Back (L to R):
Marvin Fried, (Swan River), Loretta Thompson, (Duck Bay), Wanda Beaudry, (Bellsite), Brenda Neuhofer, (Roblin), Donovan Dvorak, (Dauphin),

Gerald Shewchuk, PRHA Board Liaison, (Dauphin), Dan Knight, PRHA Staff Facilitator, (Gilbert Plains), Brenda Slobozian, PRHA Staff Liaison, (Grandview).

Missing are:
Lindsey Rubinuk, Grandview, Deborah Burnside (Swan River), Lillian Houle (Ebb and Flow), Eleanor Snitka (Dauphin).

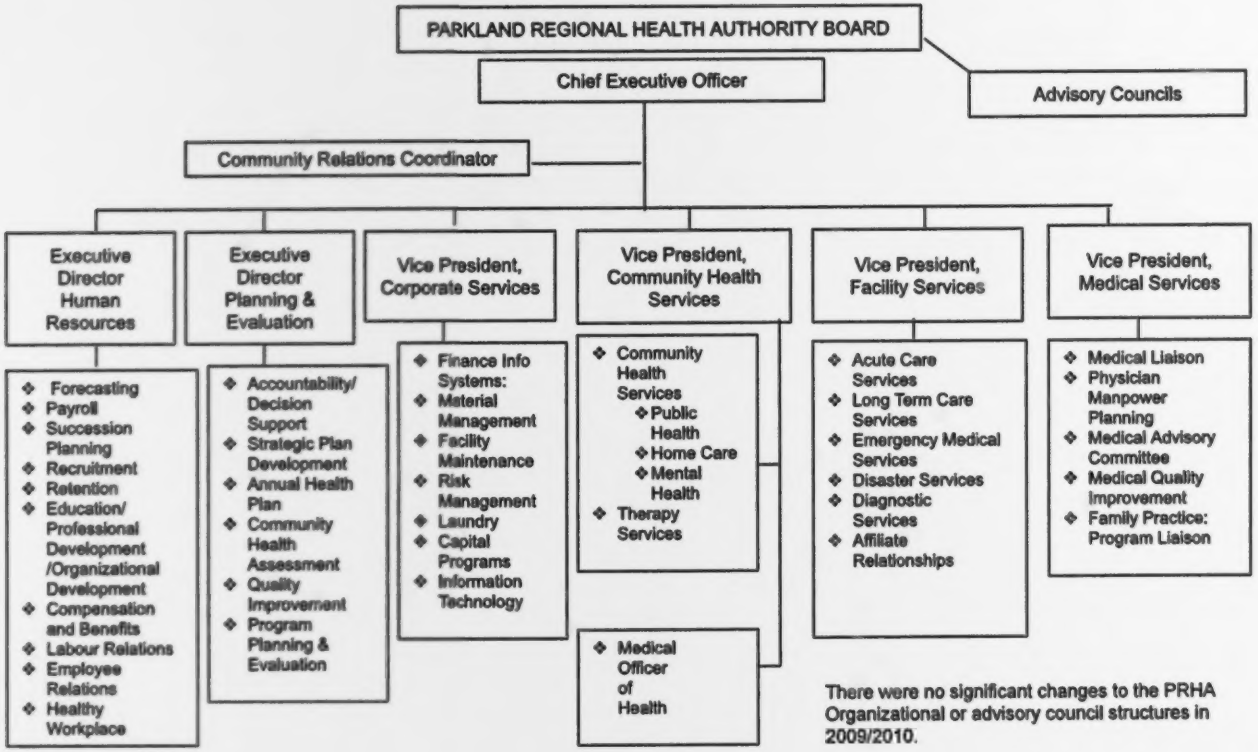
Front (L to R):
Catherine Kingsley, Staff Facilitator, (Dauphin), Larry McLaughlin (McCreary), Peter McKay (Dauphin), Ron Flower (Ste. Rose), Steve Wilson (Grandview).

Back (L to R):
Gloria Paziuk, Chairperson, (Ethelbert), Cheryl Mitchell (Valley River First Nation), Heidi Langen (Swan River), Gwynn Ketel (Pine River), Caroline Quill (Sapotaweyak), Donna Davidson (Dauphin), Darlene Barbe (Winnipegosis),

Mary Ellen Parsons, Staff Facilitator (Swan River), Sharon Basaraba, PRHA Board Liaison (Gilbert Plains), Pat Delaurier, PRHA Board Liaison (Ste. Rose).

Missing are:
Loreen Ward (Roblin), Liz Dano (Mallard), Sharon Glasscock (Minitonas), Karen Davis (Dauphin), Myra Rank (Dauphin).

Parkland Regional Health Authority
Organizational Structure



There were no significant changes to the PRHA Organizational or advisory council structures in 2009/2010.

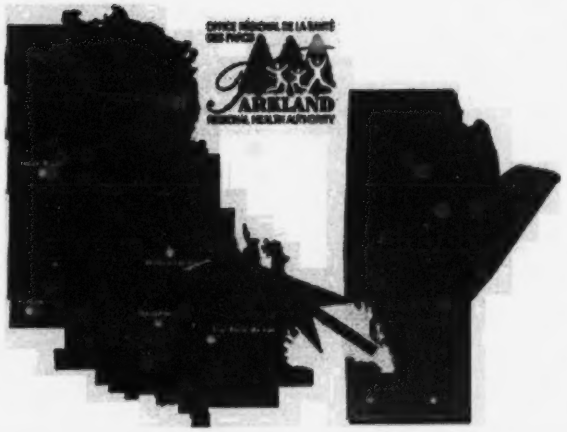
February 2010

Our Region . . .

The Parkland Regional Health Authority is situated in West Central Manitoba.

The PRHA offers a complete range of health services and programs inclusive of Health Promotion and Education, Primary Health Care, Public Health, Home Care, Mental Health, Emergency Medical Services, a wide range of Surgical and Medical Services, Critical Care, Maternal Child, Long Term Care, Rehabilitation and Diagnostic Services.

Approximately 34,000 sq. kilometres, the Health Region is bound on the west by the Saskatchewan border, on the North by the 53rd parallel, on the south by Riding Mountain National Park, and on the East by Lake Manitoba and Lake Winnipegosis. The major economic industries and employers within the region are agriculture, forestry, construction, manufacturing, retail trade, health and social services, government services, and education.



Community Health Assessment 2009

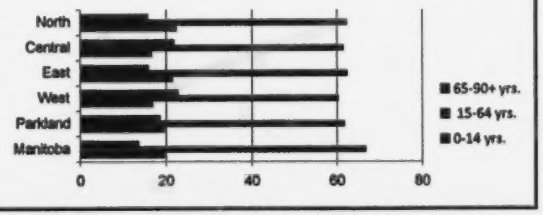
The PRHA completed its third comprehensive Community Health Assessment in 2009. According to the latest 2006 Statistics Canada Census, the regional population is 40,058 - approximately 4% of the provincial total. Between 1996 and 2006, the Parkland population decreased by about 3000 people. Age distribution in Parkland is different than Manitoba overall. The percentage of senior population (aged 65 and over) is higher in Parkland (20%) than Manitoba (14%). However, the percentage of young (19 and under) is similar to the provincial distribution (27%).

The Parkland Aboriginal population, with a median age of 23 years, is younger than the non-Aboriginal population in the Region. In 2006, 45% of the Aboriginal population was under the age of 19 years compared to 27.6 % for Parkland overall. In contrast, only 6% of the Aboriginal population in Parkland Region was over the age of 65 years. At close to double the Manitoba average, Parkland has the fourth highest percentage of Aboriginal population among the 11 RHAs in the province.

Based on various population assumptions covering a 30-year period, it's estimated that the Parkland population will remain constant over time- with the potential of a slight decrease. Although the overall population count is projected to remain fairly constant, there is an expected change in age distribution.

The percentage of the population aged 64 years and under will show negative growth while those aged 65 and over will show net positive gains.

Figure 1.2: Population Distribution by Age 2005
All people with a Manitoba Health Card and an address in Manitoba, Parkland or District



PRHA East and North Districts have younger populations.
West and Central Districts have older populations.

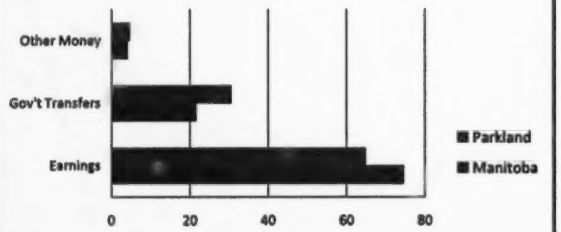
Source: MCHP Atlas 2009

In terms of social and economic status, Parkland has concerns in all key areas. Low income, less education with poorer literacy, higher rates of unemployment and substandard housing are an indication for poorer health outcomes across the lifespan. Literature consistently indicates that these socio-economic conditions impact all aspects of a population's health, including chronic disease, mental and psychological illness and child health outcomes. The effects of poorer health status associated with lower-socio-economic communities can also significantly impact life expectancy, create higher mortality rates and result in higher hospitalization rates.

There have been many positive changes in health status indicators for Parkland residents since the last Community Health Assessment in 2004. However, results show the Region needs to continue building on strengths and together, with all of its health partners and stakeholders, focus on efforts to reduce disparities which help narrow the gap in overall health status of our population.

For more details on the PRHA's demographics, socio-economic status, and other health indicators please see the 2009 Community Health Assessment. It is available on-line at www.prha.mb.ca

Figure 2.1: Composition of Total Income 2005



Source: Statistics Canada 2006

PRHA Quick Facts 2009/2010

- Primary health care is provided with a focus on access to community-based services and enhancing the health of the population. Primary Health Care Centres are located in Benito, Camperville, Ethelbert and Waterhen.

- The PRHA has seven hospitals and 11 personal care homes. Acute care facilities are located in Dauphin, Grandview, McCreary, Roblin, Ste. Rose, Swan River and Winnipegosis.

- Community mental health, public health and home care services are available throughout the Region.

- A 10-bed, acute care psychiatric unit is located at Dauphin Regional Health Centre.

- Emergency medical services (EMS) include ground ambulance services that are based in eleven Parkland communities. They are: Dauphin, Ethelbert, Gilbert Plains, Grandview, Mafeking, McCreary, Roblin, Ste. Rose, Swan River, Waterhen and Winnipegosis.

- Computed Tomography (CT) services are performed in Dauphin. Ultrasound service is provided in Dauphin, with visiting services in Roblin, Ste. Rose and Swan River.

- Major surgical services are provided in Dauphin. Minor surgical procedures are done in Swan River.

- Obstetrical services are provided in Dauphin and Swan River.

- Dauphin and Swan River have chemotherapy and hemodialysis programs.

- There are six Manitoba Telehealth sites in Parkland. They are located in Dauphin, Grandview, McCreary, Roblin, Ste. Rose and Swan River.

Strategic Direction

Healthy Living

Our goals:

- Improved health status of Parkland residents.
- Parkland residents make positive choices for healthy living.
- Healthy babies, children and families.
- Prevention and control of communicable disease in Parkland.
- Parkland residents take steps to prevent injury.

Our accomplishments:

- The PRHA introduced a new model for its community Health Advisory Councils in 2009/2010. Two Health Advisory Councils, (Regional Health Advisory Council) (Regional Mental Health Advisory Council) reporting directly to the PRHA Board of Directors, were provided with a specific topic or task for the year. In 2009/2010, the Councils' task was advising the Board on development of its Strategic Health Plan. Another key to the new model was in its membership structure, which placed an emphasis on recruiting volunteers who are involved with the various sectors that help compliment the health system.

- The PRHA hired Community Health Facilitators as one way of increasing community capacity to create and promote healthy living. Community Health facilitators work with their base community (and several surrounding communities) to improve the health of the population by concentrating on the 'determinants of health'.

- Board and staff linkages with stakeholders and partners were further enhanced throughout 2009/2010. The CEO and Executive staff held informational meetings with various communities and organizations throughout the year. Meetings included representation from municipalities, Aboriginal and Northern Affairs, First Nations Councils and Health Departments and Economic Development Departments to name a few. Staff linkages to healthy community committees and other health partner groups were further formalized through existing programs like Public Health, Mental Health, and Home Care.

- The PRHA continued to support the Chronic Disease Prevention Initiative (CDPI) during a transitional funding year (funding from five-year joint federal/provincial pilot project announced in 2005 ended in 2009/2010). The PRHA provided resources to all eight 'cluster groups' in the Region. During the year, a Regional Workshop was held with Recreation Directors and community volunteers to promote partnerships and help support sustainability of healthy living activities. As part of Regional training upgrades, facilitator training was offered for the Lungs are for Life and Not on Tobacco Programs.

- A CDPI coffee newsletter was also published and distributed throughout the Region.

- Work continued with partners to enhance provincial strategies such as the "In-Motion" campaign as well as other healthy living strategies aimed at reducing tobacco reduction and promoting smoke-free homes. In 2009/2010, Health Behaviour Change Training was held for health care providers while information packages associated with smoke free homes was handed out to some communities in the Region.

In 2009/2010, the Region placed an added focus on helping individual communities, within the cluster groups, manage their volunteers. This included hosting an annual "all communities meeting" and eight Volunteer Manitoba training sessions within the Region.

• The Region continued to develop and implement an integrated approach to breastfeeding. A Breastfeeding Policy was approved in September 2009 and four Public Health Nurses were certified as 'Breastfeeding Counselors' from the Douglas College. As well, Maternity and Public Health representatives attended training in Breastfeeding orientation with an intention to implement complementary, coordinated in-servicing.

• Development of the Children's Therapy Initiative continued. Partnerships were functioning well with school divisions, Family Services and Housing, Society of Manitobans with Disabilities and Rehab Centre for Children (RCC).

• The Region worked on strategies to increase the number of children served through its Hearing Services Program. One of the keys to increasing service volumes was the successful recruitment of an audiologist (scheduled to start during fiscal year 2010-2011).

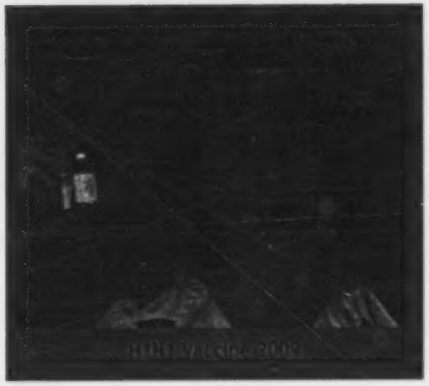
• The Region's first Teen and Young Adult Clinic opened within Dauphin Community Health Service offices in March 2010. In another milestone, the Region's first licensed Nurse Practitioner was overseeing the Clinic. Services were being provided two days a week during the initial start up phase of the initiative.

• As a result of the H1N1 Pandemic Flu, the PRHA further refined its Pandemic Preparedness Plan. A key component of the plan involves building capacity to respond to new and emerging communicable disease. Considerable progress has been made on development of the region's integrated disaster management plan. The Region hired a full-time Disaster Preparedness Manager. A key component of this position is continuing development of the Region's pandemic influenza plan.

• As part of efforts to increase immunization coverage rates among staff, influenza and pneumococcal immunizations were offered to health care workers late in the fiscal year. H1N1 immunization was offered to all staff in late 2009 and continued into 2010.

• The Region, in conjunction with Healthy Child Manitoba, unveiled the InSight Mentoring Program (formerly known as Stop FASD Program) in 2009/2010. The intensive support program is aimed at women who are pregnant or have recently had a baby and are struggling with alcohol or drug use.

• Work continued on developing and augmenting the Region's Suicide Prevention Plan. The Region trained an individual in the youth version of Mental Health First Aid with plans to host courses in the upcoming year to internal and external partners. There were also four successful vigils held, across the Parkland, on Suicide Prevention Awareness Day. Over 75 people attended the four vigils.



- The Region continued to implement its Falls Management Program for Personal Care Homes (PCHs). Components of the program were implemented in Crocus Court PCH (Roblin), Dauphin PCH, Gilbert Plains PCH, and Grandview PCH during 2009/2010.

- The Program includes a 'fall risk assessment tool' and 'injury prevention checklist' as well as the development of injury prevention strategies within Long Term Care facilities with the Region.

- The PRHA worked with partners on opportunities and initiatives that aimed to prevent injury to children. Some of those included the "Safe Kids" initiative, the Hidden Hugs Program and the Ice (In case of Emergency) Program.

Our future directions/challenges

- The Region will continue to evaluate and sustain the Chronic Disease Prevention Initiative.

- Board and staff linkages with partner groups and organizations will continue to be further formalized and enhanced in 2010/2011.

- Development of the Children's Therapy Initiative and Hearing Services Program will continue in 2010/2011.

- The Region will explore creative ways to address Teen Health, while strengthening partnerships with various stakeholders in regards to the initiative.

- The Region will work toward further refining and implementing its Falls Reduction Plan for the Elderly.

Our measures:

- Lab Confirmed H1N1 (Exhibit # 2)

- H1N1 Vaccine administered (Exhibit #3)

- H1N1 Vaccine uptake (Exhibit # 4)

- Cases of reportable communicable diseases Exhibit #5)

- Teen Pregnancies (Exhibit #6)

Exhibit 2

Parkland Lab-confirmed pH1N1 Influenza A Cases

	# H1N1 with Severe Respiratory Illness	#Hospitalized During their Illness	# non-hospitalized	# FNIH resident	Total
1st wave	1	6	10	1	16
2nd wave (started Oct. 6/09)	1	10	45	4	55
					71

Source: Regional Public Health Program

Exhibit 3

H1N1 Vaccine Administered to PRHA Residents by Age and Gender

		6 Mos to 2 Years		3 to 9 Years		10 to 18 Years		19 to 64 Years		65+ Years	
Total Vaccinated	Total Vaccinated Cumulative	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Parkland RHA	16,509	453	397	1,014	991	1,055	1,067	3,410	4,720	1,592	1,810
% of Population	40%	59%	61%	55%	56%	40%	41%	29%	41%	43%	42%
Manitoba	452,577	10,991	10,600	26,366	24,984	27,213	26,327	106,444	142,109	34,968	42,563
% of Population	37%	55%	54%	49%	49%	35%	36%	29%	38%	47%	44%

Source: Manitoba Immunization Monitoring System

Exhibit 4

PRHA H1N1 Vaccine Uptake for the 2009-2010 Influenza Season
Immunization Activity Between 01/09/2009 and 31/03/2010*

Chronic Conditions	3,888
Self-Identified Aboriginal Ancestry	5,479
Pregnant Women	200
Healthcare Workers & Medical First Responders	1,317
Other Risk Factors including Disadvantaged Persons	50
Household Contacts &/or Care providers of Infants < 6 mos.	310
Household Contacts &/or Care Providers of Immuno-compromised Persons	421
Critical Infrastructure Workers	38
Poultry & Swine Workers	37
No Known Risk Factors	3,527
Unknown/Unable to Obtain	579
Other	1,772

Source: Manitoba Immunization Monitoring System

*Data obtained from Manitoba Immunization Monitoring System H1N1 report, Manitoba Health March, 2010

Interpretation:

The H1N1 immunization campaign began on October 26, 2009 and involved offering mass immunization clinics throughout the PRHA, adhering to the priority groups set by Manitoba Health. These mass immunization clinics continued for approximately seven (7) weeks until the majority of the public who wanted the vaccine, received it.

The Public Health Program then shifted the service delivery of the vaccine to address hard-to-reach clients by holding out-reach clinics (e.g., clinics at Friendship Centers, residential motels, etc.), and working with the Home Care Program to ensure home-bound clients received the vaccine. The vaccine was also offered in Community Health Services Offices on a walk-in basis.

Overall, Parkland had a 40% H1N1 vaccine coverage rate compared to a 37% coverage rate for the province.

The Public Health Program also held mass influenza and pneumococcal immunization clinics in Roblin, Dauphin, Ste. Rose du Lac, Swan River and Grandview during October 2009. In total, 2,183 influenza immunizations and 112 pneumococcal immunizations were administered at these clinics. Influenza and pneumococcal immunizations are also provided by other health care providers throughout the region, including physicians (especially in Dauphin) and First Nations and Inuit Health (FNIH).

Exhibit 5

Indicator Type:
Effectiveness

Indicator Name:
Communicable Diseases

Indicator Definition:
Number of cases (incidence rate) of sexually transmitted infections (STIs);

Number of cases (incidence rate) of notifiable communicable diseases

Results:
Cases of Reportable Communicable Diseases in Parkland RHA & Manitoba

Interpretation:

The incidence rate of STIs has decreased slightly from 2007 to 2009 and remains lower than the provincial average. In 2007, there was a marked increase in the incidence rate of STIs across all provincial RHAs, coinciding with the introduction of a test with increased sensitivity.

The Public Health Program continues to work on a Sexually Transmitted Infections Strategy, focusing on options for enhanced service delivery such as delegation of physician function for urine-based testing and treatment.

	2007		2008		2009	
Disease	Number of Cases (incidence rate per 100,000***)		Number of Cases (incidence rate per 100,000****)		Number of Cases (incidence rate per 100,000*****)	
Sexually Transmitted Infections (STIs):	Parkland	Manitoba	Parkland	Manitoba	Parkland	Manitoba
Chlamydia	164 (413.4)	5621 (477.0)	175 (442)	6969 (587.4)	152 (385.2)	6348 (529.4)
Gonorrhea	34 (85.7)	1488 (126.3)	14 (35.4)	1380 (116.3)	8 (20.3)	1038 (86.6)
Chlamydia/Gonorrhea Co-infections	24 (60.5)	610 (51.8)	14 (35.4)	617 (52.0)	5 (12.7)	426 (35.5)
HIV	* (2.5)	82 (7.0)	0 (0)	88 (7.4)	0 (0)	108 (9.0)
Syphilis	* (2.5)	45 (3.8)	0 (0)	62 (5.2)	0 (0)	48 (4.0)

* less than 5 (but not zero) cases
** number of cases unknown
*** Parkland and provincial denominators for calculation of 2007 incidence rates based on Manitoba Health Population Report June 1, 2006. Parkland: 41,725 - 2,056 (FNIH client population) = 39,669; Manitoba: 1,178,457.

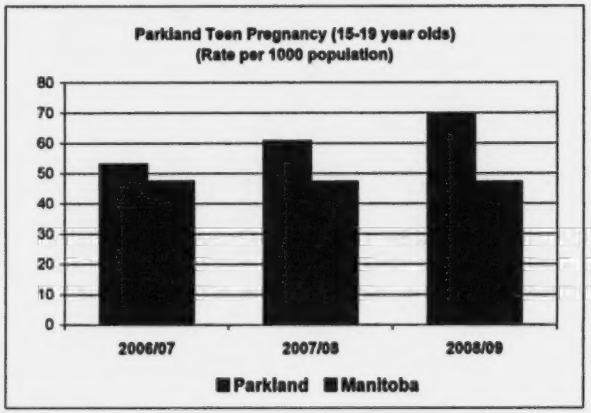
Source: Regional Public Health Program

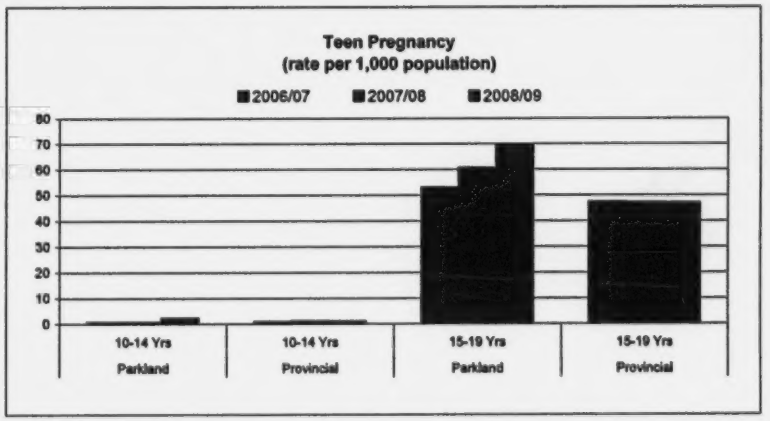
Exhibit 6

Indicator Type: Effectiveness

Indicator Name: Teen Pregnancy Rate

Indicator Definition: Number of Pregnancies





Source: Manitoba Health

Interpretation:

The overall rate of teen pregnancy is higher in the Parkland Region (69.5/1000) than the Manitoba average (47.0/1000). This has been consistent over time.

The rate of teen pregnancy on reserve is significantly higher than off reserve. It is important to note that the denominator affects the rate - a few more or less pregnancies and the rate changes alot.

School Divisions and the Public Health program continue to work together to address the teen pregnancy issue. The Families First Program provides additional supports to families assessed as being in higher risk situations. The ongoing implementation of primary health care provides opportunities to develop more comprehensive services for teens.

Strategic Direction

Aboriginal Health

Our goals:

• Health status of Aboriginal people living in Parkland is improved.

Our accomplishments:

• Efforts continued to strengthen partnerships with Tribal Councils, First Nations communities, and organizations representing the Region's First Nation people. Meetings to discuss partnerships and joint planning sessions were held with the Swampy Cree Tribal Council (SCTC) and West Region Tribal Council (WRTC) in 2009/2010.

• The PRHA participated in the SCTC Round Table process in 2009/2010.

• The Region had ongoing participation in the WRTC Community Health Assessment Working Group.

• The PRHA partnered with SCTC, WRTC, and First Nation communities to share H1N1 response plans and assist with mass vaccination campaigns.

• The Region worked with the Diabetes Integration Project coordinator and local staff as they began service for WRTC residents.

• PRHA Mental Health participated with the WRTC Integration Project through Life Skills Coach Training. One RHA staff member completed the Program.

• The Region participated in an introductory meeting with Manitoba Metis Federation (MMF) to discuss the process to establish a Knowledge Exchange Network.

• A process was developed for response to dietitian referrals from the (WRTC) Diabetes Integration Project Dietitian. This allows enhanced access to dietitian services for First Nations residents.

Our future directions/challenges

• The Region will continue work to enhance and strengthen partnerships;

• In relation to developing cultural competence within PRHA staff, an education plan for staff will be developed and implemented.

West Region Tribal Council (WRTC) Career Fair

Strategic Direction

Seniors Health

Our goals:

- Seniors maintaining the highest level of independence possible.

- Develop a continuum of supports and services that address seniors health in needs from primary prevention through to end of life care.

Our accomplishments:

- The PRHA continued to develop the Support Services to Group Living (SSGL) Program. SSGL, located in a congregate setting, provides additional support services to seniors. The goal is to enable them to remain in their home environment. In 2009/2010, an additional SSGL program was approved for Roblin Elderly Persons Housing (EPHs). It was projected the program is implemented in the summer of 2010.

- The PRHA, in conjunction with other provincial departments, continued work on additional supported living options for seniors. Renovations on a 12-unit Supportive Housing Project, approved for Happy Haven in Dauphin in 2009/2010, are expected to begin in early 2010/2011. The estimated completion time for the project is April 2011.

- The PRHA continued implementation of the P.I.E.C.E.S. Program within Personal Care Homes. P.I.E.C.E.S. is a collaborative care program designed to enhance care to older adults who have complex physical and cognitive/mental health needs and behavioural changes. It is a "best-practice" model that allows caregivers to systematically assess and plan interventions taking into account a person's Physical, Intellectual, Emotional, Capabilities, Environment, Social abilities with the goal of improved care. A five-day P.I.E.C.E.S. Training Program was offered twice in Parkland for nursing and other professional staff.

- The PRHA provides funding to 21 congregate meal programs in 13 communities. These programs provide a nutritious hot meal in a social atmosphere to assist seniors living independently. Meals on Wheels are provided through facility and community settings to bring nutritious meals to frail seniors who are not able to travel to a congregate meal program.

Our future directions/challenges

- The PRHA continues to work with the province regarding its Aging in Place Strategy. Additional supportive living options for seniors will be enhanced and developed in 2010/2011.

- Seniors Health Clinics, with a focus on Inter-disciplinary care, will be further enhanced during the year.

- Stage IV of the SSGL Plan will be implemented.

- The Region continues to work with the Province in the promotion and implementation of the P.I.E.C.E.S. in PCH's.

Seniors Health

Our measures:

- Home Care Service Wait Times (Exhibit #7)
- Clients served by Home Care Program (Exhibit #8)
- Congregate Meals provided (Exhibit # 9)

Exhibit 7

Indicator Type:
Timeliness

Indicator Name:
Wait time by program/services: Home Care Services

Indicator Definition:
Date of Referral, Referral, Initial contact date, Date of Assessment.

Results:
Home Care Response Time Survey

	August 2007	February 2008	August 2008	March 2009	August 2009	February 2010
Date of Initial Contact	83%	95%	91%	100%	100%	86%
Date of Assessment	100%	100%	100%	100%	100%	90%
Total Days-Referral to Service	100%	100%	100%	100%	100%	90%

Data Source: Home Care Program

Exhibit 8

Indicator Type:
Effectiveness

Indicator Name:
Clients Served by the Home Care Program

Indicator Definition:
Units of Service* and Open Cases at Year End

Results:
Units of Service

Year	Nursing	Support
2009/10	12,035	304,949
2008/09	11,223	321,058
2007/08	16,125	306,623
2006/07	16,523	370,704

* Unit of Service = one hour of service

Open Cases at March 31, 2010..... 1,223
Open Cases at March 31, 2009..... 1,156
Open Cases at March 31, 2008..... 1,177
Open Cases at March 31, 2007..... 1,225

Data Source: Home Care Program

Exhibit 9

Indicator Type:
Accessibility

Indicator Name:
Community Meal Programs for Elderly

Indicator Definition:
Number of Meals Served

Results:
Number of Meals Served

	2006/07	2007/08	2008/09	2009/10
Congregate Meal	69,333	68,566	67,596	66,605
Meals on Wheels - Facility	11,879	10,372	10,305	10,154
Meals on Wheels - Community	4,401	4,114	5,104	4,916
Total Meals Served	85,613	83,052	83,005	81,675

Data Source: Home Care Program

Strategic Direction

Integrated, Sustainable Health System

Our goals:

- Redesign health services to ensure we provide the right service at the right time at the right place
- Promote a shift in the use of resources between care and prevention

Our accomplishments:

- The PRHA continued to move forward with plans to implement its Primary Health Care Plan. As indicated in the Healthy Living Strategic Direction, a Nurse Practitioner was hired late in the fiscal year. Practice development was in initial stages although the Teen and Young Peoples Clinic was developed for Dauphin in 2009/2010.
- The Region continued working on development of district level chronic disease prevention and management teams. The new team composition includes Public Health managers, a Chronic Disease Specialist, Diabetes Team, Health Promotion Coordinator and Community Health Facilitators.
- A partnership with Aboriginal and Northern Affairs was enhanced to support access to funds from the Northern Healthy Foods Initiative.
- Diabetes Education Resource and nurse dietitian services were expanded in the East and Central Districts in 2009/2010. The program mandate was broadened to encompass both diabetes and chronic disease.
- The Region enhanced chronic disease management support by holding leader training for the Get Better Together Program. Community sessions were also held in the East and Central Districts. Get Better Together is a self-management program for people with any ongoing chronic condition and is aimed at helping people to become healthier on their own.
- The Parkland Mental Health Promotion Committee worked on two key events in the year- Mental Health Promotion Week (May) and Mental Illness Awareness Week (October). Numerous events were planned throughout, including a mental wellness day in Ste. Rose, Women's Wellness Day in Roblin and pancake breakfasts in Swan River and Dauphin.
- Additional efforts continued to enhance mental health promotion. The HERO Club (Helping Everyone Reach Out) hosted a regional conference in Swan River, with invited speakers and presentation regarding mental illness, mental health, wellness and recovery.
- An external consulting team completed an extensive Role Study for Dauphin Regional Health Centre (DRHC). The role study attempted to define the range of services that needs to be provided within the DRHC in order to improve future patient safety and quality of care initiatives. A 'road map' outlining next steps for five strategic directions was developed. It is also important to note that the Role Study is an initial step towards to developing an integrated network of acute care programs and services for the entire Region.
- In relation to the Role Study, models of co-leadership were completed. Literature research on Care Frameworks for Patient/ Client Centred Services was completed.

A draft bed management framework for medicine services at Dauphin Regional Health Centre was developed. Additional space options for the hospital were also explored.

- The Region continues to establish a Regional Palliative Care Framework for service delivery. The palliative care team conducted an analysis that will be used in the development of a 3-5 year vision and action plan for the Region. Several policies are also under revision or development.

- The Region implemented a plan for basic and enhanced EMS (ambulance) services. Part of the plan included some EMS staff completing the inaugural Technician Intermediate Paramedic Program (to enhance skills).

Our future directions/challenges

- The Region will continue to implement a community development approach to population health promotion.

- Opportunities to increase disease screening efforts will be reviewed.

- Plans to increase emphasis on mental health promotion will be explored in 2010/2011.

- The Regional Palliative Care Framework for service delivery will be further enhanced.

Our measures:

- Cervical cancer screening participation rates. (Exhibit #10)

- Mammography screening - Parkland. (Exhibit #11)

- DER Client contacts/ seen. (Exhibit #12)

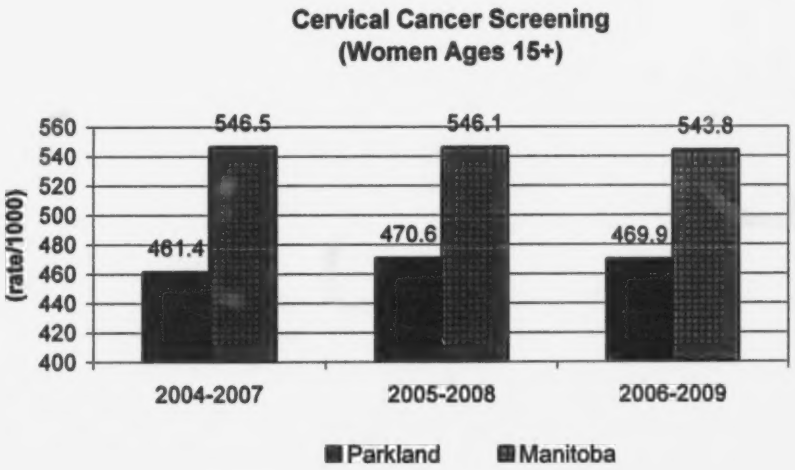
Exhibit 10

Indicator Type:
Health System Performance - Public Health Surveillance.

Indicator Name:
Cervical Cancer Screening Rate.

Indicator Definition:
Number of women per thousand who had a cervical cancer screen within the three year time period.

Results:
Cervical Cancer Screening - Women Ages 15+.



(Source: Manitoba Health)

Exhibit 11

Indicator Type:
Health System Performance - Public Health Surveillance.

Indicator Name:
Mammography Screening Rates.

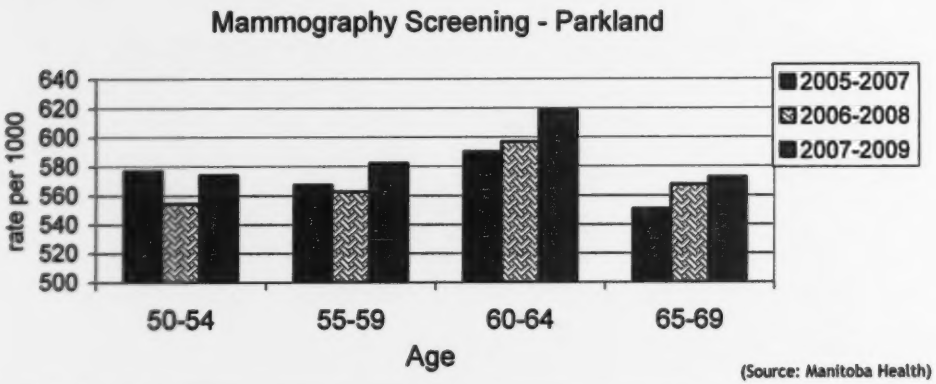
Indicator Definition:
Rate per thousand of Parkland women aged 50-69 years who had a mammography screen.

Results: Mammography Screening - Parkland.

Interpretation:

Screening mammography is recommended every two years for women aged 50 to 65.

The provincial Screening Program sends a letter to every eligible woman informing them of the screening program and how to book an appointment at the nearest mobile clinic. The PRHA works cooperatively with the Provincial Program arranging for space and on occasion, group transportation.



(Source: Manitoba Health)

Exhibit 12

Indicator Type:
Effectiveness.

Indicator Name:
Clients served by the Diabetes Education Resource (DER) Program.

Indicator Definition:
Number of diabetes education contacts.

Interpretation:

- Division of referrals for diabetes continues to be similar to previous years with 80% for Type 2 diabetes, 3% for Type 1, 2.5% for Gestational/Type 2 Pregnant and 6% for Prediabetes.
- Referrals for other Chronic Diseases comprised the remaining 8.5% of clients seen. Chronic Disease referrals can be further stratified as Heart Disease (dyslipidemia, post-MI), Obesity (prescriptive) and Gastrointestinal conditions (celiac, inflammatory bowel disease, irritable bowel syndrome, etc).
- The Diabetes Integration Project (DIP), a First Nations & Inuit Health initiative in Manitoba, began to provide service to West Region Tribal Council (WRTC) communities. The program has been generating referrals to PRHA Registered Dietitian Educator. DIP operates with a two-RN team within region and access to one RD for the province. WRTC clients were seen within existing itinerant clinic days.

Results:
Units of Service

Fiscal Year	Number of Clients	Number of Contacts Diabetes Educators
2006/07	806	1545 (per DER database)
2007/08	801	1507 (per DER database)
2008/09	993	1874 (per DER database)
2009/10	917	1722 (per DER database)

Source: *Prairie Health Matters Database via Brandon RHA

Strategic Direction

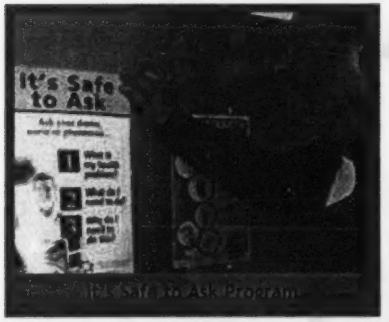
System Performance Improvement

Our goal:

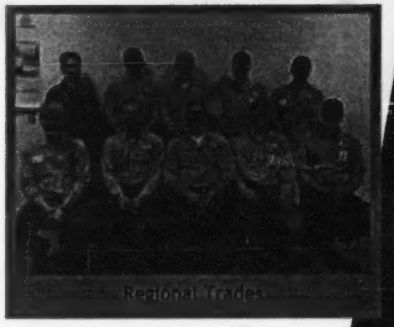
- Continuous improvement is fully integrated into work of all staff, volunteer and physicians.

Our accomplishments:

- The 2009 Community Health Assessment (CHA) was completed. Through the CHA process, both strengths and needs of the Parkland Region are examined. The process included community engagement, focus groups, staff presentations and input. The information gathered assists in the establishment of Region-wide priorities and provides opportunities for community involvement.
- The PRHA continued to participate in the Safer Healthcare Now Program. Specific work focused on medication reconciliation upon acute care admission, which was implemented in Dauphin, Roblin, Swan River and Winnipegosis hospitals.
- Work continued to implement the Regional Patient Safety Framework. A disclosure policy was approved and implemented in 2009/2010 for critical incidents.
- The Region adopted evidence-based care and treatment guidelines for select areas, which included Blood Transfusions, Wound Care and Palliation (pain & symptom management).
- Staff continued to be engaged in planning and implementing system changes through quality and program teams. Work included policy development and program and service planning.
- Staff education sessions were held in the fall of 2009 for all employees at all sites regarding routine practices, how to access, and properly use, personal protective equipment. Infection prevention and control education sessions are held for all new staff at Regional Orientation sessions.
- The Region continued efforts to promote and implement aspects of the "It's Safe to Ask" Program. Patient Safety Week was promoted throughout the Region and information was provided from the Manitoba Institute of Patient Safety.
- The PRHA implemented its plan to regionalize support services. The restructuring included Finance, Maintenance and Materials Management Departments, and Information Technology. A Committee is also developing recommendations on support services regionalization.
- Several aspects within the Information Management Plan were completed in 2009/2010. Major initiatives included upgrades to: the Swan River ADT system, Regional Dictation system, Digital Archiving implementation, and network expansion to nursing stations at DRHC. Other enhancements included an infrastructure wiring upgrade for the RHA data centre, the completion of the Regional Exchange Server for e-mail services and the launching of intranet for staff. The PRHA website was also overhauled and a new, easy to use format was introduced.
- The PRHA, in collaboration with MBTelehealth, expanded Telehealth Services to two additional sites in 2009/2010. The communities of Grandview and McCreary became the fifth and sixth sites in Parkland.
- The Enterostomal Tri-Regional client satisfaction survey was initiated during the past year.



It's Safe to Ask Program


Regional Trades

Local communities and organizations were able to assist with the expansion by fundraising for capital equipment purchases.

- The Region continued collaborative efforts with nurses, physicians and managers at the Dauphin Regional Health Centre to improve operational and working relationships.

Our future directions/ challenges:

- The PRHA will continue to develop and implement integrated risk and quality improvement frameworks.
- The Region is preparing for 2010 QMentum Accreditation Survey through Accreditation Canada. It will be the fourth national accreditation survey conducted in the Region.
- The Region will work with the province in identifying priorities to potentially expand the Telehealth network.
- The Region will develop and implement a plan for housekeeping, laundry, dietary and health records regionalization.
- A long term strategy for infrastructure readiness for EMR and other provincial systems will be developed in 2010/2011.

Our measures:

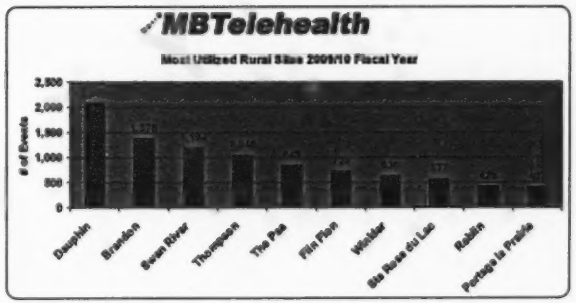
- Telehealth sites usage. (Exhibit #13)

Exhibit 13

Telehealth Sites Usage

Site	Clinical	% of Clinical	Continuing Education	Admin--istration	Tele-Visit	Other Sessions	Total (Mns Testing)	Total Hrs. Utilized
Dauphin	1,689	82	261	131	2	3	2,086	1,434.42
Swan River	822	69	225	135	7	1	1,190	1,064.92
Ste. Rose	387	70	116	72	0	1	576	576.33
Roblin	316	74	74	36	0	0	426	432.33
*Grandview	35	51	22	11	0	0	69	79.50
*McCreary	18	26	22	12	0	0	51	69.17
Total	3,267		720	397	9	5	4,398	3,656.67

Source: MBTelehealth Network



Source: MBTelehealth Network

System Performance Improvement

Strategic Direction

Human Resources

Our goals:

• Establish an organizational culture that attracts, develops and retains the best possible people.

Our accomplishments:

• The PRHA finalized a very successful nurse recruitment initiative involving nurses from the Philippines. Thirty-four full time nurses were hired as a result of the initiative and Registered Nurses were involved in an extensive preceptorship program that allowed them to easily orientate them with policies and procedures on respective nursing wards. Nurses were hired to positions at Dauphin Regional Health Centre, Roblin Health Centre, and Swan Valley Health Centre in Swan River.

• Operation Recruit, an incentive program for new nurses within the City of Dauphin, wrapped up. Partners such as the Dauphin Medical Clinic, Manitoba's Office of Rural and Northern Health (ORNH) and the Dauphin and District Chamber of Commerce all collaborated on the initiative. As a result, 10 new nurses were hired at DRHC.

• Work on the Regional Medical Human Resources Plan continued in 2009/2010. The plan was being updated through work with the VP-Medical Services as well as the Regional Medical Advisory Council and meetings with the medical staff.

• The Region embarked on a major initiative involving Aboriginal Human Resources. As part of the Aboriginal Recruitment Plan, the Region's first Aboriginal Recruitment Coordinator was hired (shortly after the 2009/2010 fiscal year). The Region's Executive Management Team developed key objectives of the Aboriginal HR initiative in 2009/2010.

• The PRHA finalized its Nursing Mentorship Program for new nursing graduates. A Mentorship Program education package was in the final stages of development.

• The PRHA's Nursing Recruitment and Retention Committee continues to offer nurses access to bursaries for ongoing professional development.

• As a result of Pandemic Planning, a skills inventory database was created and is available for ongoing updates. Staff competencies were also noted within the Human Resource Information System. The system also improves tracking areas regarding Disability and Rehabilitation, CPR Training, Attendance Support/Assistance, Vacancy Reports and other important Management reports.

• The Region continues to review and update its three year Education Plan to ensure educational needs of all PRHA staff are addressed.

• Fourteen Student Bursary applications were approved in 2009/2010.

• The Regional Workplace Wellness Committee continues to enhance a comprehensive Workplace Wellness model. The program's goal is to develop workplace wellness initiatives based on research and best practice.

• The Workplace Health and Safety Program continued throughout the fiscal year. The Program follows the Provincial Workplace Injury Reduction Program and mandatory education regarding the Program is ongoing.

• The Region participated in several recruitment and retention activities throughout the year. Some of these included:

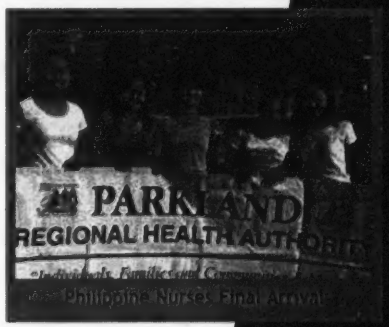
  • Attended the Annual Parkland Career and Job Fair to promote health care professions to students.

  • Attended job fairs at University of Manitoba and Red River College, and Brandon University.

  • The PRHA made a presentation to nursing students at the University College of the North in the Pas.

  • Continued to work in partnership with the Parkland Family Medicine Residency Unit based out of Dauphin and Ste. Rose.

  • Participated in Rural Week, in partnership with Manitoba's ORNH. The week is designed to promote the benefits of working in rural settings for first-year medical residents enrolled at the University of Manitoba.



- University of Manitoba's Student Rural Interest Group was in Parkland in early 2010. First and second year medical students interested in rural medicine get a chance to see what rural practice entails and some of the advantages small town living has to offer. Other partners, like Manitoba's ORNH, the U of M's Family Residency Program and Dauphin Economic Development, participated.

- The PRHA, in conjunction with ORNH, participated in the Home for the Summer Program. Students in the Region who participated were involved in pharmacy, lab and x-ray, occupational therapy and physiotherapy.

- Attended the University of Manitoba Family Medicine Retreat.

Our future directions/challenges

- The Region will continue to engage stakeholders in future recruitment and retention activities.

- The PRHA will update its Regional Medical Human Resources Plan.

- The Region will further unveil its internal Nursing Leadership Education and Management Development Programs.

- Respectful Workplace training will continue. Current sessions will be evaluated for potential improvements.

- The Region will use the new intranet for staff to enhance education opportunity sessions and information.

Our measures:

- Average Employee Age (See Exhibit 14)
- Average age to fill external (See Exhibit 15)
- WCB Lost Time/Work Hours (See Exhibit 16)

Exhibit 14

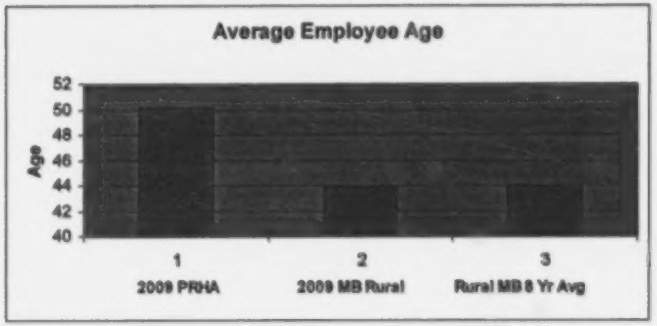


Exhibit 16

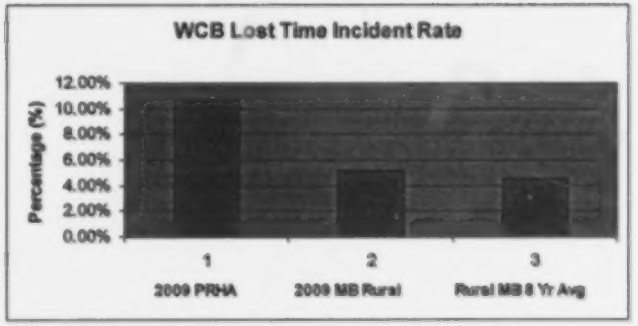
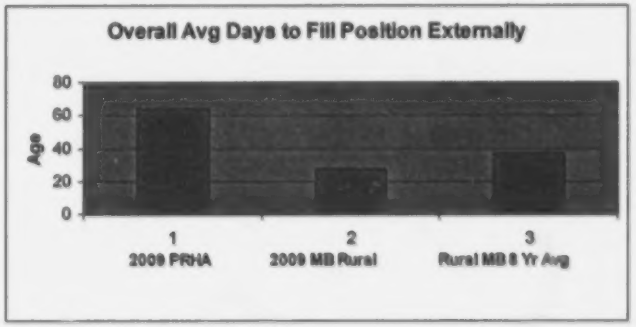
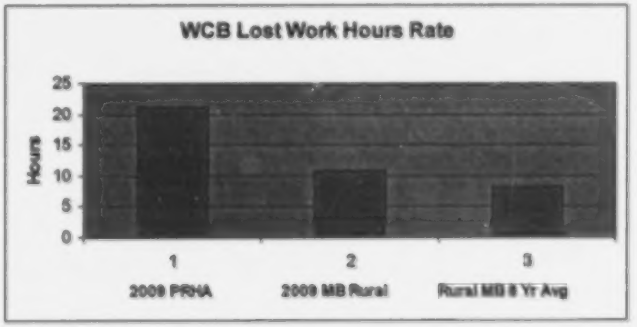


Exhibit 15





Source: Human Resource Benchmarking Survey 2009 (All above charts)

Capital Asset Management

Our Goal:

- To ensure that physical facilities and equipment are adequate to meet the needs of the Region's programs (Capital Project Development).

The PRHA completed several major safety and security projects throughout 2009/2010.

Some of those included:

Building Repairs:

Project	Site	Total cost	Completion date
Dialysis Workstation	Dauphin Regional Health Centre	$ 22, 419	April 2009
CCTV Cameras	Swan Valley Health Centre	$ 11,642	November 2009
Ceiling replacement	Dauphin Regional Health Centre	$ 95, 412	December 2009
Front door replacements	Dauphin Regional Health Centre	$ 26,599	January 2010

Utilities Repair:

Project	Site	Total cost	Completion date
Hot water tanks	Grandview Personal Care Home	$19, 835	April 2009
HVAC controls upgrade	Grandview District Hospital	$ 38,285	April 2009
Phone system upgrade	Dauphin Regional Health Centre	$ 45,524	April 2009
Boiler upgrades	Winnipegosis District Health Centre	$19, 332	March 2010
Air Conditioning system upgrade	Dauphin Personal Care Home	$ 18, 552	March 2010

Other:

Project	Site	Total cost	Completion date
Nurse Call System	Grandview District Hospital	$ $51, 160	April 2009
Nurse Call System	Dauphin Personal Care Home	$ 113,531	May 2009
Nurse Call System upgrade	Dauphin Regional Health Centre	$ 141,457	November 2009
Nurse Call system	Roblin District Health Centre/Ste. Rose General Hospital	$ 154,320	March 2010
Roof replacement	Roblin District Health Centre	$309,606	November 2009
Generator replacement	Roblin District Health Centre	$117,801	July 2009
Asbestos abatement	Ste. Rose General Hospital	$1,350,139	December 2009
Wander Guard system	Various facilities	$286, 109	January 2010

Integrated Risk Management:

Preventing and Managing Risk

The Parkland Regional Health Authority (PRHA) implemented an Integrated Risk Management Framework in September 2008 to provide guidance for adoption of a comprehensive approach to managing risk. The application of the framework is expected to enable employees and the organization to better understand the nature of risk and to manage it more systematically. Risk management is one of the cornerstones of a quality of care program and a fundamental principle of basic standards of health care across all disciplines. Given ever-decreasing resources, it is a reality that not every activity can be monitored and evaluated on an ongoing basis.

The risk management program of the PRHA is directed at minimizing the frequency and severity of accidental losses to the organization through:

- Loss prevention and reduction through risk identification;
- Managing actual or potential claims from reporting and investigation to resolution;
- Ensuring regulatory and accreditation compliance;
- Risk management operations and processes; and
- Client safety.

Risk management activities are reported on a quarterly basis to the PRHA Board in the form of a monitoring report.

The PRHA utilizes an incident reporting system called Healthcare Incident Reporting System (HIRS) as a means of communication between employees, physicians and management.

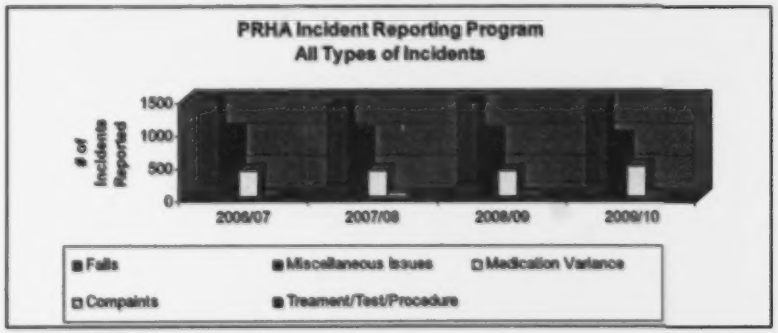
This risk management tool assists in collecting data to identify trends in client care and environmental safety issues, risk reduction opportunities and potential liabilities. The PRHA encourages reporting of all incidents as well as 'near misses' with the goal of shared learning and prevention, not blame and punishment. Annual analyses of incidents are compiled and distributed to applicable teams and programs, the Executive and the Board.

In 2009/10 the PRHA had a total of 2,838 incidents and 132 near misses. In 2009 the PRHA had only one critical incident.

Health Insurance Reciprocal of Canada (HIROC) is the PRHA's insurance provider. The region has implemented the HIROC Risk Management Self-Appraisal Module (RMSAM) process. The module content is comprised of questions that assist the organization in proactively examining the region's policies against Canadian claims experience and leading practice and assists with prioritizing action plans over a four-year period. The PRHA is in year three and each February provides an update to HIROC on actions taken. After four years the programs/services will complete the self-assessment again and a regional response will be submitted to HIROC. References to the HIROC RMSAM are included in Accreditation Canada's accreditation program and quality teams use the results in developing their action plans.

Another important component of the risk management strategy is the Client Satisfaction Questionnaire process. Clients are encouraged to voice their concerns and/or positive or negative feedback about their health care experiences with the PRHA. This feedback is then analyzed and used to make changes/improvements as appropriate to the way we deliver health care and services in the region.

The PRHA also has a Client Concern Handling Process in place. Concerns are tracked regionally and the information and data is analyzed and used to make changes and improvements as appropriate. In 2009/10 there were 66 concerns received and investigated.



Source: Health Incident Reporting System

ACCREDITATION CANADA
AGRÉMENT CANADA

Accreditation 2010

The Parkland Regional Health Authority (PRHA) believes in, and practices the concept of continuous quality improvement. It is recognized that in order to achieve the PRHA vision of *"Individuals, Families and Communities achieving the best possible health and wellness"* all programs, services, teams and individual staff members need to continually monitor what they are doing and evaluate how effectively their efforts are impacting on the people we serve.

To assist with this evaluation, the Region is committed to participating in Accreditation Canada's program as a way of evaluating and improving the quality of care and services provided by the PRHA.

The next Accreditation survey will be held the week of October 17th to the 22nd, 2010 with eight surveyors from across Canada evaluating the programs and services of the PRHA.

The PRHA Board and staff participated in the self assessment process by completing questionnaires on various standards as well as completing the "Worklife Pulse" survey, the "Patient Safety Culture" survey and a Board specific survey. Quality Teams within the PRHA are working on addressing any gaps or areas for improvement identified in the survey results.

The PRHA will address all of the patient safety goals including the 31 Required Organizational Practices (ROPs) for patient safety in 2010. Accreditation Canada defines a ROP as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk.

ROPs are categorized into six patient safety areas, each with its own goal such as:

- **Safety Culture** - Create a culture of safety within the organization;
- **Communication** - Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum;
- **Medication Use** - Ensure the safe use of high-risk medications;
- **Worklife/Workforce** - Create a worklife and physical environment that support the safe delivery of care/service;
- **Infection Control** - Reduce the risk of health service organization-acquired infections and their impact across the continuum of care/service; and
- **Risk Assessment** - The organization identifies safety risks inherent in its client population.

The region continues to work towards 100% compliance of the 31 ROPs required for 2010.

The Public Interest Disclosure Act

(Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures jointly received by Manitoba Health and Healthy Living and the Parkland Regional Health Authority for fiscal years 2009 -2010 and the previous fiscal year, *2008/2009.

The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a) - 0 disclosures were received.

The number of investigations commenced as a result of disclosure. Subsection 18(2)(b) - NIL

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection18(2)(c) - NIL.

*The PRHA inadvertently did not include the 2008/2009 listing in last year's annual report. We did report findings in 2007/2008. The PRHA apologizes for this oversight.

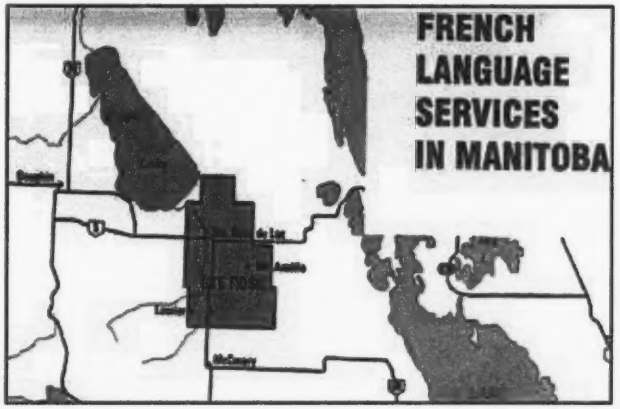
French Language Services

In accordance with the Province's French Language Services Legislation, the PRHA is committed to providing health services, to the extent possible, in both official languages in identified areas.

In the Parkland Regional Health Authority, the identified areas include Ste. Rose du Lac, Laurier and Ste. Amelie.

In accordance with the Legislation, all designated Regional Health Authorities (RHAs) in the province must have French Language Services (FLS) Plans.

The PRHA's French Language Services Plan is available on-line at www.prha.mb.ca.



We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as at March 31, 2010 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Brandon, Manitoba

June 17, 2010

Chartered Accountants

1401 Princess Ave., Brandon, Manitoba R7A 7L7, Phone: (204) 727-0661, 1-800-446-0890

MNP

Parkland Regional Health Authority Inc.

Consolidated Statement of Financial Position

As at March 31, 2010

	Affiliates	*Devolved*	*2010*	*2009*
Assets				
Current				
Cash	1,071,417	2,147,774	3,219,191	9,123,649
Current investments (Note 6)	-	163,685	163,685	101,955
Accounts receivable (Note 4)	130,130	1,637,838	1,767,968	1,841,171
Due from Manitoba Health (Note 5)	-	2,593,923	2,593,923	822,745
Inventory	121,703	1,375,228	1,496,931	1,369,661
Prepaid expenses	48,209	432,587	480,796	597,136
Inter-facility	(998,370)	998,370	-	-
	373,089	9,349,405	9,722,494	13,856,317
Capital assets (Note 7)	8,120,508	74,728,738	82,849,246	82,955,280
Trust assets	36,538	35,610	72,148	35,767
Manitoba Health receivable–employee benefits obligation (Note 9)	1,634,175	8,533,598	10,167,773	10,167,773
	10,164,310	92,647,351	102,811,661	107,015,137

Continued on next page

Parkland Regional Health Authority Inc.

Consolidated Statement of Financial Position

As at March 31, 2010

	Affiliates	*Devolved*	*2010*	*2009*
Continued from previous page				
Liabilities				
Current				
Lines of credit	-	778,966	778,966	70,000
Accounts payable and accruals	1,275,591	7,425,344	8,700,935	9,511,112
Employee benefits payable (Note 9)	1,324,461	8,721,158	10,045,619	9,364,874
	2,600,052	16,925,468	19,525,520	18,945,986
Other long-term liabilities (Note 8)	-	518,314	518,314	52,919
Deferred benefits entitlement (Note 9)	718,135	3,624,587	4,342,722	3,277,335
Deferred contributions (Note 12)	7,916,569	74,920,733	82,837,302	84,221,728
Trust liabilities	36,538	35,610	72,148	35,767
	8,671,242	79,099,244	87,770,486	87,587,749
Net Assets				
Invested in capital assets (Note 13)	505,439	2,302,039	2,807,478	2,843,570
Internally restricted net assets	269,269	410,008	679,277	604,920
Unrestricted net assets	(1,881,692)	(6,089,407)	(7,971,100)	(2,967,088)
	(1,106,984)	(3,377,360)	(4,484,345)	481,402
	10,164,310	92,647,351	102,811,661	107,015,137

Parkland Regional Health Authority Inc.

Consolidated Statement of Operations

For the year ended March 31, 2010

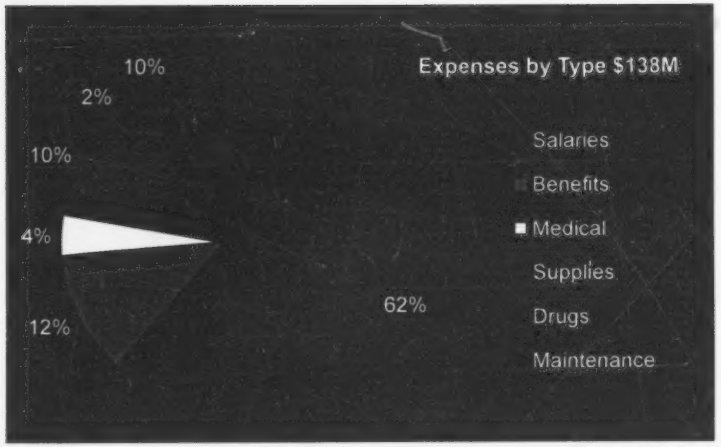
	Affiliates	*Devolved*	*2010*	*2009*
Revenues				
Manitoba Health operating income (Note 10)	13,087,665	103,808,599	116,896,264	109,232,766
Patient income	2,359,427	5,674,939	8,034,366	7,774,502
Other income	381,979	3,686,054	4,068,033	4,106,885
Amoritization of deferred contributions	344,627	3,917,345	4,261,972	4,056,533
	16,173,698	117,086,937	133,260,635	125,170,686
Expenses				
Acute Care	5,745,451	49,234,499	54,979,950	49,570,941
Long-term care	10,275,194	28,489,804	38,764,998	36,512,033
Community and mental health	-	11,075,448	11,075,448	10,227,190
Homecare	99,054	12,527,368	12,626,422	11,909,778
Emergency response and transport	-	5,538,570	5,538,570	4,883,074
Regional health costs (Note 11)	-	2,894,496	2,894,496	2,106,180
Medical remuration - non-global	-	5,500,142	5,500,142	4,811,185
Pre-retirement	232,431	1,923,796	2,156,227	469,374
Amoritization of capital assets	433,204	4,256,925	4,690,129	4,385,892
Interest on long-term obligations	-	-	-	2,184
	16,785,334	121,441,048	138,226,382	124,877,831
Excess (deficiency) of revenues over expenses	(611,636)	(4,354,111)	(4,965,747)	292,855

A complete set of financial statements, auditor's report and the statement of public sector disclosure (related to Section 2 of the Public Sector Compensation Disclosure Act) can be obtained by contacting the Parkland Regional Health Authority Corporate Office at (204) 638-2118 or Toll-Free at 1-800-259-7541.

If you wish to see the full version of the consolidated financial statements, you can log on to the PRHA website at www.prha.mb.ca

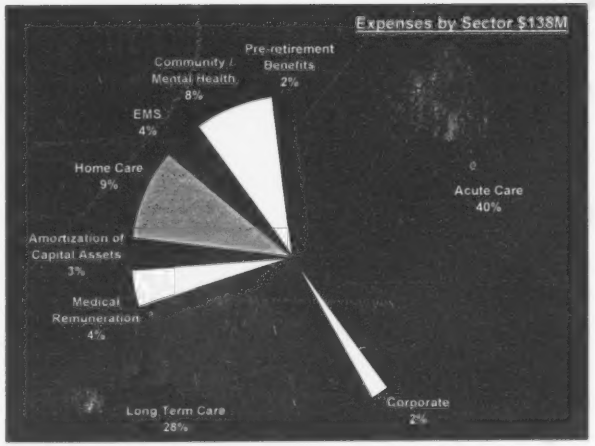
Parkland Regional Health Authority
Schedule of Expenditures
by Type 2009/2010

Salaries	$84,975,374
Benefits	16,716,504
Medical Personnel	5,911,904
Supplies	14,004,246
Drugs	2,568,860
Maintenance	14,049,494
Total	$138,266,382



Parkland Regional Health Authority
Schedule of Expenditures
by Sector 2009/2010

Acute Care	$54,979,950
Corporate	2,894,496
Long Term Care	38,764,998
Medical Remuneration	5,500,142
Amortization of Capital Assets	4,690,129
Home Care	12,626,422
EMS	5,538,570
Community / Mental Health	11,075,448
Pre-retirement Benefits	2,156,227
Total	$138,226,382



Administrative and Corporate Cost Reporting

(As of March 31, 2010)

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines.

Administrative costs include corporate operations (including hospitals, non-proprietary personal care homes and community health agencies), as well as patient care-related functions such as infection control and patient relations and recruitment of health professionals. A further breakdown of administrative costs, as required by Manitoba Health and Healthy Living is included below to provide a more detailed summary of administrative costs.

The figures presented are based on data available at time of publication. Restatements may be made in the subsequent year to reflect final data and changes in the CIHI definition, if any.

The administrative cost percentage of total spending indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

PRHA Administrative Cost: (% of total)

Year	2009/10	2008/09
Corporate operations (% of total)	3.91%	4.01%
Patient care and recruitment/HR related functions (% of total)	1.42 %	1.21 %

Definitions:

- **Patient care-related functions:** infection control, patient relations, quality assurance, accreditation, cancer standards and guidelines, and bed utilization management
- **Recruitment and human resource-related functions:** recruitment and retention, labour relations, personnel records, employee benefits, health & assistance programs, and occupational health & safety
- **Corporate operations: general** administration (executive offices, board Of directions, medical directors, administrators of acute, long term and community care, public relations, planning & development, community health assessment, risk management, internal audit), finance (general accounting, payroll, accounts receivable, accounts payable and budget control) and communications (telecommunications, visitor information and mail service).

Parkland Regional Health Authority

List of Municipalities

RM of Alonsa
RM of Dauphin
RM of Ethelbert
RM of Gilbert Plains
RM of Grandview
RM of Hillsburg
RM of Lawrence
RM of McCreary
RM of Minitonas
RM of Mossey River
RM of Mountain
RM of Ochre River
RM of Shell River
RM of Ste. Rose
RM of Swan River

Aboriginal Northern Affairs Communities

Baden
Barrows
Camperville
Crane River
Dawson Bay
Duck Bay
Mallard
Meadow Portage
National Mills
Pelican Rapids
Powell
Red Deer Lake
Rock Ridge
Salt Point
Spence Lake
Waterhen
Westgate

City

Dauphin

Town

Gilbert Plains
Grandview
Minitonas
Roblin
Ste. Rose du lac
Swan River

Villages

Benito
Bowsman
Ethelbert
McCreary
Winnipegosis

First Nations Communities

Ebb and Flow
O-chi-chak-Ko-Sipi
Pine Creek
Sapotaweyak Cree Nation
Skownan
Tootinaowaziibeng
Treaty Reserve
Wuskwi Sipihk

PRHA Regional Corporate Office

625 - 3rd St. S.W.
Dauphin, Manitoba
R7N 1R7
Phone: (204) 638-2118
Toll Free: 1-800-259-7541
Fax: (204) 622-6232
e-mail: prha@prha.mb.ca
website: www.prha.mb.ca

Regional Human Resources Department

Box 448
Swan River, Manitoba
R0L 1Z0
Fax: (204) 734-5954
e-mail: cgray@prha.mb.ca